

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43659

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **Alexian Bros. Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John F. Mullen**

(a) Residence, No. St. **KA Steelville Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret Mullen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11-1-1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **farmer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **1**
 10. Date deceased last worked at this occupation (month and year) **Dec. 17, 1937**
 11. Total time (years) spent in this occupation **15**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Crawford Co. Mo.**

13. NAME **Dennis Mullen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Biddie Ann Rattigan**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **for Mullen 2156 Lafayette Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cuba Mo.** DATE **Dec. 28, 37, 19**

49. FUNERAL DIRECTOR (ADDRESS) **Alexander & Sons 6175 Delmar Blvd.**

DEC 27 1937 19 **J. H. Bredegar** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 27, 1937 19**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 24th**, 1937, to **Dec. 26**, 1937

I last saw him alive on **Dec. 26th**, 1937. Death is said to have occurred on the date stated above, at **2:10⁰⁰** m.

The principal cause of death and related causes of importance were as follows:

Bronchio-pneumonia.

Date of onset

Other contributory causes of importance:

Chronic Myocarditis.**Bronchial Asthma.**

Name of operation..... Date of.....

What test confirmed diagnosis? **Physical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **NO**

If so, specify.....

(Signed) **Frank J. ...**, M. D.(Address) **1319 So. Edway.**

1319 S Broadway
Chick 9650 10-11-30

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloch, Licensed Embalmer No. 2422

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. to by Carl Heick, Registered Apprentice No. _____
working under my personal supervision.

Signed Jos. E. McCulloch
Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)